

## COMMON CARRIER OF PROPERTY

(excluding Household Goods carriers and Brokers)

### APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE

**FEE: \$50.00**

Application for Change of Name or Business Structure may be used **ONLY** in the following circumstances:

- Changes of carrier's name, with no change in ownership or business structure.
- Change of business structure from individual to corporation to incorporate an individual's business when the individual is the majority stockholder or, by an individual to a partnership, when the individual is the majority partner or, from a corporation to a proprietorship of the majority shareholder or, by a partnership to a proprietorship of the majority partner.
- Change of name resulting from a change in business structure from a partnership to a corporation established to incorporate the partnership business, when the partners are the majority stockholders in the same proportionate ownership.
- Change of name resulting from a change in business structure from a corporation to another corporation where both corporations are wholly owned by the same stockholders in the same proportions.

#### **TYPE OF PAYMENT**

☐ Cash      ☐ Check      ☐ Money Order      ☐ AMEX      ☐ MasterCard      ☐ Visa  
 Exp Date  
 Credit Card Information (if applicable)      Month/Year

Amount \$ \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Cardholder's signature: \_\_\_\_\_ Date \_\_\_\_\_

#### *For Commission Use Only*

111-2068-200-02	Received date:	ID:
		Insurance:

Holder of Permit CC-_____ asks the UTC for authority to change the name of or the business structure of the carrier named below under 81.80 RCW and WAC 480-14 to:	
<b><u>NEW BUSINESS INFORMATION</u></b>	
New Name:	Phone #:
Trade Name:	Fax #:
Mailing Address:	Physical Address: (if different)
Street/P.O. Box	Street
City, State Zip	City, State Zip
USDOT #_____ (If you don't have one, you can apply online at <a href="http://www.fmcsa.dot.gov/online-registration">www.fmcsa.dot.gov/online-registration</a> or contact 360-596-3816 or 360-596-3803 for assistance.	
Unified Business Identifier Number (UBI):_____	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation – State of Incorporation_____ (LP, LLP, LLC)	
<u>NAME</u>	<u>TITLE</u>
<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
_____	_____
_____	_____
<b><u>CURRENT BUSINESS INFORMATION</u></b>	
Current Name:	Phone #:
Trade Name:	Fax #:
Mailing Address:	Physical Address:
Street/P.O. Box	Street
City, State Zip	City, State Zip
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (LP, LLP, LLC)    State of Incorporation_____	
<u>NAME</u>	<u>TITLE</u>
<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
_____	_____
_____	_____

CERTIFICATION: Carrier affirms that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. The undersigned applicant requests that the Commission enter an order granting its petition as provided in 81.80 RCW.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

\_\_\_\_\_  
 Signature(s)

\_\_\_\_\_  
 Date